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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | Part 1: Identify Yourself | | | | | | | |
|-----|--|--|--|---|--|--|--|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
| 1. | Your full name | | | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Earry First name Scott Middle name Aitken Last name and Suffix (Sr., Jr., II, III) | | Roseanne First name Marie Middle name Aitken Last name and Suffix (Sr., Jr., II, III) | | | | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7863 | | xxx-xx-6670 | | | | |

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Debtor 1 Larry Scott Aitken
Debtor 2 Roseanne Marie Aitken

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 5113 N. Westwood Drive McHenry, IL 60051 | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | McHenry County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. Why you are choosing this district to file for bankruptcy | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |

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Case number (if known)

Roseanne Marie Aitken Part 2: Tell the Court About Your Bankruptcy Case The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Larry Scott Aitken

Debtor 1 Debtor 2 Case 16-80945 Doc 1 Filed 04/18/16 Entered 04/18/16 11:27:52 Desc Main Document Page 4 of 56

| NOSEATTILE WATER | iiken | | | Case number (if known) | |
|---|--|---|---|--|--|
| | | | | | |
| 3: Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor | |
| Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | ☐ Yes. | Name | and location of bus | siness | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | |
| If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Star | te & ZIP Code | |
| it to this petition. | | Check | the appropriate bo | ox to describe your business: | |
| • | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | |
| | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | |
| | | | None of the above | e | |
| Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). | | | | |
| For a definition of small | ■ No. | I am r | ot filing under Chap | oter 11. | |
| business debtor, see 11 U.S.C. § 101(51D). | □ No. | | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | ☐ Yes. | I am f | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| 4: Report if You Own or | Have Any | / Hazardo | us Property or An | y Property That Needs Immediate Attention | |
| | ■ No. | | | | |
| alleged to pose a threat of imminent and | ☐ Yes. | What is | :he hazard? | | |
| public health or safety? Or do you own any property that needs | | | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | |
| | | | | Number, Street, City, State & Zip Code | |
| | Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). 4: Report if You Own or Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs | Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). Yes. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? Are you a filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). Are Report if You Own or Have Any Hazardo Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own property that needs investoke that must be fed, or a building that needs Report if You Own or Have Any Hazardo Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? Where is over the component of the public health or safety? | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? Are you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Are you own or bown or the same of the same of the substance of the sub | |

Debtor 1 Larry Scott Aitken

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Debtor 1 Larry Scott Aitken

Debtor 2 Roseanne Marie Aitken

Case number (if known)

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-80945 Doc 1 Filed 04/18/16 Entered 04/18/16 11:27:52 Desc Main Document Page 6 of 56

| | tor 2 Roseanne Marie A | | | Case number | er (if known) | | | | |
|-----|---|---|--|---|---|--|--|--|--|
| Par | 6: Answer These Questi | ons for R | eporting Purposes | | | | | | |
| 16. | What kind of debts do you have? | 16a. | | | ned in 11 U.S.C. § 101(8) as "incurred by an | | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | ■ Yes. Go to line 17. | | | | | | |
| | | 16b. | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you owe t | hat are not consumer debts or busines | ss debts | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. G | Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | ■ Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ■ No □ Yes | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-1 □ 200-9 | 99 | □ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | | |
| 19. | How much do you estimate your assets to be worth? | \$100 , | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | |
| 20. | How much do you estimate your liabilities to be? | \$100 , | 50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | | | | |
| Par | 7: Sign Below | | | | | | | | |
| For | you | I have ex | amined this petition, and I declare | under penalty of perjury that the inform | mation provided is true and correct. | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request | relief in accordance with the chapt | ter of title 11, United States Code, spe | cified in this petition. | | | | |
| | | bankrupto and 3571 | cy case can result in fines up to \$2 I. | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | |
| | | | y Scott Aitken | /s/ Roseanne Ma Roseanne Marie | | | | | |
| | | | cott Aitken e of Debtor 1 | Signature of Debto | | | | | |
| | | Executed | April 18, 2016 MM / DD / YYYY | | ril 18, 2016 I / DD / YYYY | | | | |

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| Dahtan 4 | Larry Scott Aitken | Document | Page 7 of 56 | | |
|----------------------|--|--|----------------------------|------------------------|-----------------------------|
| Debtor 1 Debtor 2 | Roseanne Marie A | | Cas | e number (if known) | |
| | | | | | |
| • | attorney, if you are ted by one | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second | ed States Code, and have e | explained the relief a | vailable under each chapter |
| | not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | | | |
| | | /s/ Scott A. Bentley | Date | April 18, 2016 | |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY | |
| | | Scott A. Bentley | | | |
| | | | | | |
| | | Law Office of Scott A. Bentley Firm name | | | |
| | | 5435 Bull Valley Road Suite 318 | | | |
| | | McHenry, IL 60050 | | | |
| | | Number Street City State & 7IP Code | | | |

Email address

Contact phone **815-385-0669**

6191377Bar number & State

scottbentleylaw@gmail.com

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| | | Docume | <u>ani Pade 8 0156</u> | |
|---------------------|--------------------------|-------------------|------------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Larry Scott Aitke | n | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Roseanne Marie Aitken | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | _ 0, , , , , , , |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 120,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 14,722.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 134,722.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 132,373.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 72,707.44 |
| | Your total liabilities | \$ | 205,080.44 |
| Par | t3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,243.77 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,001.37 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | hedules. |
| | ■ Yes | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Debtor 1 Larry Scott Aitken
Debtor 2 Roseanne Marie Aitken

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,749.26

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | se 16-80945 | Doc 1 | Filed 04/18 Documen | | 1/18/16 11:27:52 56 | 2 Desc | : Main |
|--|----------------------------|--|---|----------------------------------|--|--|--------------|--|
| Fill | in this inform | nation to identify yo | ur case and th | | | | | |
| Deb | otor 1 | Larry Scott Ait | | e Name | Last Name | | | |
| | otor 2 buse, if filing) | Roseanne Mari | | e Name | Last Name | | | |
| Uni | ted States Bar | nkruptcy Court for the | : NORTHER | N DISTRICT OF | ILLINOIS | | | |
| Cas | se number | | | | | | | Check if this is an amended filing |
| Sc | chedule | m 106A/B A/B: Pro | <u> </u> | | | | | 12/15 |
| hink nfor | t it fits best. Be | e as complete and acc space is needed, atta | urate as possibl | e. If two married p | e. If an asset fits in more people are filing together, On the top of any addition | both are equally respons | ble for supp | lying correct |
| Part | Describe E | Each Residence, Build | ing, Land, or Ot | her Real Estate Yo | ou Own or Have an Interes | st In | | |
| . D | o you own or h | ave any legal or equita | able interest in a | ny residence, bui | lding, land, or similar prop | perty? | | |
| | No. Go to Part | 2 | | | | | | |
| _ | Yes. Where is | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1.1 | | | | What is the pro | operty? Check all that apply | | | |
| | | estwood Drive | ion | Single-fa | Single-family home Do not deduct secured claims or exe | | | |
| Street address, if available, or other description | | ш . | or multi-unit building iinium or cooperative | | the amount of any secured claims on Creditors Who Have Claims Secured | | | |
| | McHenry City | IL 6 | 0051-0000 ZIP Code | Land | ctured or mobile home | Current value entire property \$120,0 | ? r | Current value of the portion you own? \$120,000.00 |
| | | | | ☐ Timesha ☐ Other Who has an in | are terest in the property? Che | (such as fee si | mple, tenand | ownership interest by by the entireties, or |
| | | | | Debtor 1 | | Residence | | |
| | McHenry | | | Debtor 2 | ? only | | | |
| | County | | | ■ Debtor 1 | and Debtor 2 only | Check if the | nis is commi | inity property |
| | | | | | one of the debtors and anot | her | | mily property |
| | | | | | ion you wish to add abou ification number: | t this item, such as local | | |
| | | | | | | | | |
| _ | · | · | · | · | <u></u> | | · | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$120,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 16-80945 Doc 1 Filed 04/18/16 Entered 04/18/16 11:27:52 Desc Main Document Page 11 of 56 **Larry Scott Aitken** Debtor 1 Debtor 2 Roseanne Marie Aitken Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put **GMC** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Envoy Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2008 Year: Debtor 2 only Current value of the Current value of the ■ Debtor 1 and Debtor 2 only Approximate mileage: entire property? portion you own? Other information: ☐ At least one of the debtors and another \$9,232,00 \$9,232,00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$9,232.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Household goods and furnishings \$4,640.00 Location: 5113 N. Westwood Drive, McHenry IL 60051 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No

Yes. Describe.....

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| Debtor 2 | Roseanne Marie Aitken | Case number (| Case number (if known) | | |
|---------------------------|---|---|---|--|--|
| | Firearms, sports equipme Location: 5113 N. Westw | ent, bicycles, ood Drive, McHenry IL 60051 | \$400.00 | | |
| □ No | s bles: Everyday clothes, furs, leather coats, design Describe | ner wear, shoes, accessories | | | |
| | Wearing Apparel Location: 5113 N. Westwo | ood Drive, McHenry IL 60051 | \$250.00 | | |
| □ No . | | ment rings, wedding rings, heirloom jewelry, watches, | gems, gold, silver | | |
| | Furs and jewelry Location: 5113 N. Westw | ood Drive, McHenry IL 60051 | \$25.00 | | |
| 14. Any ot □ No | Describe her personal and household items you did no Give specific information Office Equipment Computer/Printer | t already list, including any health aids you did no | | | |
| | Location: 5113 N. Westwo | ood Drive, McHenry IL 60051 | \$125.00 | | |
| for Pa | art 3. Write that number here | 3, including any entries for pages you have attac | \$5,440.00 | | |
| | scribe Your Financial Assets /n or have any legal or equitable interest in ar | ny of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. | | |
| ■ No | oles: Money you have in your wallet, in your home | e, in a safe deposit box, and on hand when you file yo | our petition | | |
| • | its of money les: Checking, savings, or other financial accoun institutions. If you have multiple accounts wi | nts; certificates of deposit; shares in credit unions, bro th the same institution, list each. | kerage houses, and other similar | | |
| _ | | Institution name: | | | |
| | 17.1 Checking | Fifth Third Bank P.O. Box 630900 Cincinnati OH 45263-0900 | \$0.00 | | |

Official Form 106A/B Schedule A/B: Property page 3

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Larry Scott Aitken Debtor 1 Debtor 2 Roseanne Marie Aitken Case number (if known) Fifth Third Bank P.O. Box 630900 \$50.00 Savings Cincinnati, OH 45263-0900 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

☐ Yes. Give specific information about them...

Case 16-80945 Doc 1 Filed 04/18/16 Entered 04/18/16 11:27:52 Desc Main Document Page 14 of 56 Debtor 1 Larry Scott Aitken Debtor 2 Roseanne Marie Aitken Case number (if known) 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$50.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

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| Debtor | 1 Larry Scott Aitken | | J | | |
|----------------|--|-----------|-------------|------------------------------|--------------|
| Debtor | 2 Roseanne Marie Aitken | | | Case number (if known) | |
| Ex ■ N | you have other property of any kind you did not already amples: Season tickets, country club membership lo es. Give specific information | list? | | | |
| 54. A | dd the dollar value of all of your entries from Part 7. Write | e that nı | ımber here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | | |
| 55. P a | art 1: Total real estate, line 2 | | | | \$120,000.00 |
| 56. P a | art 2: Total vehicles, line 5 | | \$9,232.00 | - | |
| 57. P a | art 3: Total personal and household items, line 15 | | \$5,440.00 | | |
| 58. P a | art 4: Total financial assets, line 36 | | \$50.00 | | |
| 59. P a | art 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. P a | art 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. P a | art 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. T o | otal personal property. Add lines 56 through 61 | | \$14,722.00 | Copy personal property total | \$14,722.00 |
| 63. T o | otal of all property on Schedule A/B. Add line 55 + line 62 | | | | \$134,722.00 |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|------------------------------------|
| Debtor 1 | Larry Scott Aitke | n | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Roseanne Marie | Aitken | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt |
|---|
|---|

| 1. | Which set of exemp | tions are you | claiming? | Check one only | , even if | your spouse is filin | g with | you. |
|----|--------------------|---------------|-----------|----------------|-----------|----------------------|--------|------|
|----|--------------------|---------------|-----------|----------------|-----------|----------------------|--------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|---|--------------------------------------|-----------------------------------|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| Household goods and furnishings Location: 5113 N. Westwood Drive, | \$4,640.00 | | \$4,640.00 | 735 ILCS 5/12-1001(b) | |
| McHenry IL 60051 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Firearms, sports equipment, bicycles, | \$400.00 | | \$400.00 | 20 ILCS 1805/10 | |
| Location: 5113 N. Westwood Drive, McHenry IL 60051 Line from Schedule A/B: 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Wearing Apparel Location: 5113 N. Westwood Drive, | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(a) | |
| McHenry IL 60051 Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Office Equipment Computer/Printer | \$125.00 | | \$125.00 | 735 ILCS 5/12-1001(b) | |
| Location: 5113 N. Westwood Drive, McHenry IL 60051 Line from <i>Schedule A/B</i> : 14.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Savings: Fifth Third Bank P.O. Box 630900 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) | |
| Cincinnati, OH 45263-0900 Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | |

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Larry Scott Aitken
Roseanne Marie Aitken
Case number (if known)

3. Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Filed 04/18/16

Doc 1

Case 16-80945

Yes

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| | | Document | Page 18 | 3 of 56 | | |
|---|---------------|--|------------------|--|--|--------------------------|
| Fill in this information to id | entify you | r case: | | | | |
| Debtor 1 Larry S | cott Aitke | en | | | | |
| First Name | | Middle Name | Last Name | | • | |
| | ne Marie | Aitken | | | | |
| (Spouse if, filing) First Name | | Middle Name | Last Name | | | |
| United States Bankruptcy Co | urt for the: | NORTHERN DISTRICT OF ILLI | INOIS | | | |
| | | | | | | |
| Case number | | | | | Charle | if their in one |
| (ii Kilowii) | | | | | | if this is an |
| | | | | | amend | led filing |
| Official Form 106D | | | | | | |
| | ditoro | M/ha Hayra Claima | 2001110 | d by Dranart | | 40/45 |
| Schedule D: Cre | aitors | Who Have Claims S | secure | a by Propert | <u>y </u> | 12/15 |
| is needed, copy the Additional F | | f two married people are filing togethe ut, number the entries, and attach it t | | | | |
| number (if known). | | | | | | |
| 1. Do any creditors have claims | secured by | your property? | | | | |
| ☐ No. Check this box an | d submit th | is form to the court with your other | schedules. Y | ou have nothing else t | o report on this form. | |
| Yes. Fill in all of the in | formation b | pelow. | | | | |
| Part 1: List All Secured 0 | Claims | | | | | |
| | | nore than one secured claim, list the cred | ditor congratoly | , Column A | Column B | Column C |
| for each claim. If more than one | creditor has | a particular claim, list the other creditors | in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims i | in alphabetic | al order according to the creditor's name | Э. | Do not deduct the value of collateral. | that supports this claim | portion |
| 2.1 ALLY | | Describe the property that secures the | he claim: | \$17,538.00 | \$9,232.00 | If any \$8,306.00 |
| Creditor's Name | | 2008 GMC Envoy | | | | |
| | | | | | | |
| | | As of the data you file the claim is: | Chapte all that | | | |
| P.O. Box 380901 | | As of the date you file, the claim is: (apply. | oneck all that | | | |
| Minneapolis, MN 55 | 438 | ☐ Contingent | | | | |
| Number, Street, City, State & Zi | ip Code | Unliquidated | | | | |
| Who are the debto of | | Disputed | | | | |
| Who owes the debt? Check or | ne. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only | | An agreement you made (such as n car loan) | nortgage or se | cured | | |
| Debtor 2 only | | _ ′ | h:-!-!- !:\ | | | |
| Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, mec | nanic's lien) | | | |
| At least one of the debtors and | | Judgment lien from a lawsuit | Carlasa | | | |
| ☐ Check if this claim relates to community debt | o a | Other (including a right to offset) | Car Loan | | | |
| community would | | | | | | |
| Date debt was incurred | | Last 4 digits of account numb | per <u>5279</u> | | | |
| 2.2 Fifth Third Bank | | Describe the property that secures the | he claim: | \$105,260.00 | \$120,000.00 | \$0.00 |
| Creditor's Name | | 5113 N. Westwood Drive McI | | Ψ100,200.00 | Ψ120,000.00 | Ψ0.00 |
| | | IL 60051 McHenry County | , ioi.i.y, | | | |
| | | | | | | |
| P.O. Box 630412 | | As of the date you file, the claim is: 0 apply. | Check all that | | | |
| Cincinnati, OH 4526 | 3 | Contingent | | | | |
| Number, Street, City, State & Zi | ip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the debt? Check or | ne. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as n | nortgage or se | cured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, mec | hanic's lien) | | | |
| At least one of the debtors and | | Judgment lien from a lawsuit | | | | |
| Check if this claim relates to community debt | o a | Other (including a right to offset) | First Morto | gage | | |
| Date debt was incurred | | Last 4 digits of account numb | er 9219 | | | |

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| Debtor 1 | Larry Scott Aitken | | | | Case number (if know) | | |
|-------------------|--|----------------------|--|----------------|-----------------------|--------|------------|
| | First Name N | liddle Name | Last Name | _ | | | |
| Debtor 2 | Roseanne Marie Ai | tken | | | | | |
| | First Name N | liddle Name | Last Name | _ | | | |
| 2.3 Fift | h Third Bank | Describe th | ne property that secures | the claim: | \$9,575.00 | \$0.00 | \$9,575.00 |
| Credi | itor's Name | | | | | | |
| Cin | D. Box 740778 ncinnati, OH 274-0778 | As of the dapply. | ate you file, the claim is: | Check all that | | | |
| Numl | ber, Street, City, State & Zip Coo | de 🔲 Unliquid | ated | | | | |
| Who owe | s the debt? Check one. | ☐ Disputed Nature of | d l ien. Check all that apply. | | | | |
| ☐ Debtor ☐ Debtor | . , | ☐ An agre car loa | ement you made (such as n) | mortgage or s | secured | | |
| ■ Debtor | 1 and Debtor 2 only | ☐ Statutor | y lien (such as tax lien, me | chanic's lien) | | | |
| ☐ At least | t one of the debtors and and | other | nt lien from a lawsuit | | | | |
| | if this claim relates to a nunity debt | Other (in | ncluding a right to offset) | Equity Li | ne of Credit | | |
| Date debt | was incurred | Las | 4 digits of account num | ber XXX | x | | |
| | | | | | | | |
| Add the | dollar value of your entrie | es in Column A on | this page. Write that nun | ber here: | \$132,373.0 | 0 | |
| | the last page of your forn at number here: | n, add the dollar va | lue totals from all pages | | \$132,373.0 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | 0000 10 000-0 2 | Document | Page 20 of 56 | 1.21.02 000 | oo wan |
|---|---|--|--|---|---|
| Fill in this in | nformation to identify your o | | | | |
| Debtor 1 | Larry Scott Aitker | 1 | | | |
| Dobto. 1 | First Name | Middle Name | Last Name | — | |
| Debtor 2 | Roseanne Marie A | Aitken | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | |
| Case numbe | er | | | | heck if this is an mended filing |
| Official F | orm 106E/F | | | | |
| | | ho Have Unsecured | Claims | | 12/15 |
| any executory Schedule G: E Schedule D: C left. Attach the | contracts or unexpired leases xecutory Contracts and Unexpi reditors Who Have Claims Secu | that could result in a claim. Also I ired Leases (Official Form 106G). I ured by Property. If more space is | FY claims and Part 2 for creditors wi list executory contracts on Schedul Do not include any creditors with pa needed, copy the Part you need, fill port in a Part, do not file that Part. C | e A/B: Property (Offici irtially secured claims it out, number the en | al Form 106A/B) and on that are listed in tries in the boxes on the |
| Part 1: | st All of Your PRIORITY Un | secured Claims | | | |
| 1. Do any ci | reditors have priority unsecured | d claims against you? | | | |
| No. Go | o to Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: | ist All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do any ci | reditors have nonpriority unsec | ured claims against you? | | | |
| ☐ No. Yo | ou have nothing to report in this pa | art. Submit this form to the court with | your other schedules. | | |
| Yes. | | | | | |
| unsecured | d claim, list the creditor separately | for each claim. For each claim listed | ne creditor who holds each claim. If d, identify what type of claim it is. Do no have more than three nonpriority unse | ot list claims already inc | luded in Part 1. If more |
| | | | | | Total claim |
| 4.1 AAI | MS | Last 4 digits of acc | count number 8649 | | \$1,325.75 |
| 480 | oriority Creditor's Name 0 Mills Civic Pkwy #202 st Des Moines, IA 50265 | When was the debt | t incurred? | | - |
| Num | ber Street City State ZIp Code incurred the debt? Check one. | As of the date you | file, the claim is: Check all that apply | , | |
| ■ D | ebtor 1 only | ☐ Contingent | | | |
| □ D | ebtor 2 only | ☐ Unliquidated | | | |
| □b | ebtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ПА | t least one of the debtors and and | 70101 | RITY unsecured claim: | | |
| □с | heck if this claim is for a comm | nunity | | | |
| debt Is the | e claim subject to offset? | Obligations arising properties of the contract | ng out of a separation agreement or di | vorce that you did not | |
| ■ N | | | n or profit-sharing plans, and other sim | ilar debts | |
| ΠY | | Other. Specify | Medical Services | | |

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| | Larry Scott Aitken Roseanne Marie Aitken | Case number (if know) | |
|---|---|--|------------|
| | AT&T Uverse | Last 4 digits of account number 7396 | \$482.19 |
| I | Nonpriority Creditor's Name P.O. Box 64378 Saint Paul, MN 55164 | When was the debt incurred? | |
| ī | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| 1 | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| 1 | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| 1 | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| • | debt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| 1 | □Yes | ■ Other. Specify Television service | |
| | Blue Cross/Blue Shield | Last 4 digits of account number 3DOX | \$300.00 |
| ; | Nonpriority Creditor's Name 300 East Randolph Chicago, IL 60601 | When was the debt incurred? | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| ' | Who incurred the debt? Check one. | | |
| l | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| I | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| 1 | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| 1 | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt s the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| I | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| I | Yes | ■ Other. Specify Medical Services | |
| | Blue Cross/Blue Shield | Last 4 digits of account number 0381 | \$1,005.90 |
| ; | Nonpriority Creditor's Name 300 East Randolph Chicago, IL 60601 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| , | Who incurred the debt? Check one. | | |
| ļ | Debtor 1 only | ☐ Contingent | |
| I | Debtor 2 only | ☐ Unliquidated | |
| 1 | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| I | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | s the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Services | |

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| | Larry Scott Aitken Roseanne Marie Aitken | Case number (if know) | |
|-----|--|---|------------|
| | Capital One Bank | Last 4 digits of account number 4511 | \$3,500.00 |
| l | Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0281 | When was the debt incurred? | |
| 1 | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| 1 | Debtor 1 only | ☐ Contingent | |
| _ | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| _ | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| (| debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| 1 | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| I | □Yes | Other. Specify Credit card purchases | |
| 4.6 | Centegra Health System | Last 4 digits of account number 2999 | \$300.00 |
| I | Nonpriority Creditor's Name P.O. Box 1990 | When was the debt incurred? | |
| | Woodstock, IL 60098 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | 7.6 of the date you me, the claim is. Once all that apply | |
| ı | Debtor 1 only | ☐ Contingent | |
| 1 | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| ı | s the claim subject to offset? | report as priority claims | |
| I | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| I | Yes | Other. Specify Medical Services | |
| 4.7 | Centegra Hospital - McHenry Nonpriority Creditor's Name | Last 4 digits of account number | \$1,325.75 |
| I | P.O. Box 7701 Carol Stream, IL 60197-7701 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| 1 | Who incurred the debt? Check one. | | |
| ı | Debtor 1 only | ☐ Contingent | |
| ı | Debtor 2 only | □ Unliquidated | |
| I | Debtor 1 and Debtor 2 only | □ Disputed | |
| ı | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| _ | ☐ Check if this claim is for a community | ☐ Student loans | |
| (| debt | lacksquare Obligations arising out of a separation agreement or divorce that you did not | |
| | s the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| I | Yes | ■ Other. Specify Medical Services | |

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| Debtor Debtor | 1 Larry Scott Aitken 2 Roseanne Marie Aitken | Case number (if know) | |
|------------------|---|---|----------|
| 4.8 | Centegra Primary Care-Woodstock Nonpriority Creditor's Name | Last 4 digits of account number | \$687.88 |
| | P.O. Box 7702 Carol Stream, IL 60197-7702 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical Services | |
| 4.9 | Credence Resource Management LLC | Last 4 digits of account number 2396 | \$482.19 |
| | Nonpriority Creditor's Name P.O. Box 2238 | When was the debt incurred? | |
| | Southgate, MI 48195-4238 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Cable Television | |
| 4.1 | Credit Collection Services | Last 4 digits of account number 4XXX | \$136.71 |
| U | Nonpriority Creditor's Name | | |
| | 2 Wells Avenue | When was the debt incurred? | |
| | Newton Center, MA 02459 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | Check if this claim is for a community debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Insurance | |

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| Debtor Debtor | 1 Larry Scott Aitken 2 Roseanne Marie Aitken | Case number (if know) | |
|------------------|--|---|------------|
| 4.1 | Credit Collection Services | Last 4 digits of account number 9314 | \$136.71 |
| | Nonpriority Creditor's Name 2 Wells Avenue Newton Center, MA 02459 | When was the debt incurred? | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Insurance | |
| 4.1 | Dependon Collection Service, Inc. Nonpriority Creditor's Name | Last 4 digits of account number 2269 | \$1,545.00 |
| | P.O. Box 4833 Oak Brook, IL 60522-4833 | When was the debt incurred? | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical Services | |
| 4.1 | ERC | Last 4 digits of account number 7396 | \$482.19 |
| | Nonpriority Creditor's Name P.O. Box 23870 | When was the debt incurred? | <u> </u> |
| - | Jacksonville, FL 32241-3870 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Cable Television | |

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| | Larry Scott Aitken Roseanne Marie Aitken | | Case number (if know) | |
|---|--|---|--|------------|
| 4 | Exxon Mobil | Last 4 digits of account number | 2748 | \$365.00 |
| | Nonpriority Creditor's Name P.O. Box 6497 Sioux Falls, SD 57117-5497 | When was the debt incurred? | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Gas Credit | Card | |
| i | Harris & Harris | Last 4 digits of account number | 7449 | \$2,014.00 |
| | Nonpriority Creditor's Name 111 W. Jackson Boulevard Suite #400 | When was the debt incurred? | | |
| | Chicago, IL 60604 | | Charle all that and by | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: опеск ан mar арріу | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? — | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Medical Se | rvices | |
| 0 | Humana | Last 4 digits of account number | 2021 | \$251.72 |
| | Nonpriority Creditor's Name P.O. Box 740518 | When was the debt incurred? | | |
| = | Atlanta, GA 30374-0518 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | | | | |
| | Yes | Other. Specify Medical Set | I VICES | |

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| Debt | or 2 Roseanne Marie Aitken | Case number (if know) | |
|------|--|---|----------|
| 4.1 | | | . |
| 7 | IC System | Last 4 digits of account number 7396 | \$482.19 |
| | Nonpriority Creditor's Name 444 Highway 96 E. | When was the debt incurred? | |
| | P.O. Box 64378 | | |
| | Saint Paul, MN 55164-0378 | _ | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Cable Television | |
| 4.1 | | | |
| 8 | Lake McHenry Pathology Assoc. | Last 4 digits of account number 5146 | \$152.00 |
| | Nonpriority Creditor's Name 520 E. 22nd Street Lombard, IL 60148 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical Services | |
| 4.1 | Madical Bassyawy Specialists | 4504 | ¢452.00 |
| 9 | Medical Recovery Specialists Nonpriority Creditor's Name | Last 4 digits of account number 4594 | \$152.00 |
| | 2250 E. Devon Avenue Ste 352 | When was the debt incurred? | |
| | Des Plaines, IL 60018 | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | · · · · · · · · · · · · · · · · · · · | |
| | Yes | ■ Other. Specify Medical Services | |

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| Debto Debto | Larry Scott Aitken Roseanne Marie Aitken | Case number (if know) | |
|----------------|---|--|-------------|
| 4.2 | OAC | Last 4 digits of account number 90XX | \$0.00 |
| | Nonpriority Creditor's Name P.O. Box 371100 Milwaukee, WI 53237 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Services | |
| 4.2 | Portfolio Recovery | Last 4 digits of account number | \$15,317.00 |
| | Nonpriority Creditor's Name 120 Corporate Blvd. Suite 1 Norfolk, VA 23502 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical Services | |
| 4.2 | Portfolio Recovery | Last 4 digits of account number 6070 | \$4,398.43 |
| | Nonpriority Creditor's Name P.O. Box 12903 Norfolk, VA 23541 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| | □ 100 | Utner. Specify Oredit Card Parchases | |

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| Debtor 2 | Larry Scott Aitken Roseanne Marie Aitken | Document Page 2 | Case number (if know) | |
|----------|---|--|---|------------|
| 9 | Portfolio Recovery | Last 4 digits of account number | 8133 | \$2,199.66 |
| | Nonpriority Creditor's Name 120 Corporate Boulevard Norfolk, VA 23502 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| | Portfolio Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 5437 | \$3,150.48 |
| | 120 Corporate Boulevard Norfolk, VA 23502 | When was the debt incurred? | | |
| _ | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| | Portfolio Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 2528 | \$504.71 |
| | 120 Corporate Boulevard Norfolk, VA 23502 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit card | purchases | |

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| Debtor Debtor | Larry Scott Aitken Roseanne Marie Aitken | Case number (if know) | |
|------------------|---|--|-------------|
| 4.2 | Portfolio Recovery | Last 4 digits of account number 0966 | \$5,063.61 |
| 0 | Nonpriority Creditor's Name 120 Corporate Boulevard | When was the debt incurred? | 40,00000 |
| | Norfolk, VA 23502 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card purchases | |
| 4.2 | RAB Inc. | Last 4 digits of account number 2636 | \$1,848.61 |
| | Nonpriority Creditor's Name P.O. Box 1022 Wixom, MI 48393-1022 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No | □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| 4.2 | Sallie Mae Nonpriority Creditor's Name | Last 4 digits of account number XXXX | \$18,098.00 |
| | P.O. Box 9500 Wilkes Barre, PA 18773 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Student Loan | |

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| Roseanne Marie Aitken | Case number (if know) | |
|--|--|------------|
| Sentry Credit, Inc. | Last 4 digits of account number 7429 | \$3,420.60 |
| lonpriority Creditor's Name P.O. Box 12070 | When was the debt incurred? | |
| Everett, WA 98206-2070 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Line of Credit | |
| Wells Fargo | Last 4 digits of account number 6916 | \$3,420.00 |
| Nonpriority Creditor's Name | | |
| 733 Marquette Ave. Ste 700 Winterville, NC 28590-8872 | When was the debt incurred? | |
| lumber Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| ebt s the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Auto Loan | |
| ☐ Yes | Thomas Langston Other. Specify D1644-01V1451 | |
| Vilmont Medical Associates | Last 4 digits of account number 2227 | \$159.16 |
| Nonpriority Creditor's Name 3920 N. Johnsburg Road Johnsburg, IL 60051 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| No | | |
| ☐ Yes | ■ Other. Specify Medical Services | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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| Debtor 1 Larry Scott Aitken | Document 1 a | gc 31 01 30 |
|---|--|---|
| Debtor 2 Roseanne Marie Aitken | | Case number (if know) |
| have more than one creditor for any of the de notified for any debts in Parts 1 or 2, do not fi | bts that you listed in Parts 1 or 2, list t ll out or submit this page. | he additional creditors here. If you do not have additional persons to be |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| American Family Insurance | Line 4.10 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 600 American Pkwy. Madison, WI 53783 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Madison, WI 33763 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| American Family Insurance | Line 4.11 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 600 American Pkwy. Madison, WI 53783 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Madison, Wi 33703 | Last 4 digits of account number | 9314 |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| Credence | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 6045 Atlantic Boulevard Ste 210 Norcross, GA 30071 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| NOICIOSS, GA 3007 I | Last 4 digits of account number | 2396 |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| Fifth Third Bank | Line 4.27 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 740778 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Cincinnati, OH 45274-0778 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| IC System | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 444 Highway 96 E. | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| P.O. Box 64378 Saint Paul, MN 55164-0378 | | |
| Saint Faul, WIN 55164-0576 | Last 4 digits of account number | 7396 |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| Wellington Radiology | Line 4.20 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 836 W. Wellington Avenue | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago, IL 60657 | Last 4 digits of account number | |
| | | |
| Part 4: Add the Amounts for Each Type | e of Unsecured Claim | |
| | red claims. This information is for stati | istical reporting purposes only. 28 U.S.C. §159. Add the amounts for each |
| type of unsecured claim. | | |
| | | Total Claim |

Pa

| | | | | Total Claim |
|----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims rom Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| om Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 72,707.44 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 72,707.44 |

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| | | | III FAU L JZ ULJU | |
|--------------------------------|--------------------------|-------------------|------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Larry Scott Aitke | n | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 Roseanne Marie Aitken | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | |
| (ii kilowii) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number | whom you have th | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|------------------|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Olate | Zii Oode | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | , | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | - ity | | Ciaio | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |

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| | | Docume | ent Page 33 c | of 56 |
|------------------------|--|-------------------------------|---------------------------|--|
| Fill in this | s information to identify your | case: | | |
| Debtor 1 | Larry Scott Aitke | an . | | |
| 200101 | First Name | Middle Name | Last Name | |
| Debtor 2 | Roseanne Marie | Aitken | | |
| (Spouse if, fil | ing) First Name | Middle Name | Last Name | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| _ | | | | |
| Case num (if known) | nber | | | ☐ Check if this is an |
| (| | | | amended filing |
| | | | | |
| Officia | l Form 106H | | | |
| | dule H: Your Cod | lahtors | | 12/15 |
| SCITE | dule II. Tour Coc | ichioi 3 | | 12/13 |
| _ | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. |
| ■ No □ Ye | | | | |
| | thin the last 8 years, have yo na, California, Idaho, Louisiana | | | y? (Community property states and territories include ington, and Wisconsin.) |
| ■ No | . Go to line 3. | | | |
| | s. Did your spouse, former spo | ouse, or legal equivalent liv | e with you at the time? | |
| 0 | o. Dia your opoudo, formor ope | vaco, or logar oquivalent iiv | o wan you at the time. | |
| in line Form | e 2 again as a codebtor only | if that person is a guarar | tor or cosigner. Make | if your spouse is filing with you. List the person shows sure you have listed the creditor on Schedule D (Officia 6G). Use Schedule D, Schedule E/F, or Schedule G to fi |
| | Name, Number, Street, City, State and 2 | ZIP Code | | Check all schedules that apply: |
| 24 | | | | Cahadula D. lina |
| 3.1 | Name | | | Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| | | | | |
| | Number Street City | State | ZIP Code | |
| | Oity | State | ZIF Code | |
| | | | | _ |
| 3.2 | Nama | | | Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | _ | | _ |
| | City | State | ZIP Code | |

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| E:11 | in this information to information. | | | | | 1 | | | |
|-------------|---|--|------------------------|-----------|-------|-----------------------|----------------|--|-------|
| | in this information to identify you | ott Aitken | | | | | | | |
| | | | | | | | | | |
| | otor 2 Roseann | e Marie Aitken | | | | | | | |
| Uni | ted States Bankruptcy Court for | the: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number | | _ | | | Check if this is: | | | |
| (lf kr | nown) | | | | | ☐ An amende | U | | |
| | | | | | | | | wing postpetition cha e following date: | apter |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | | o rono ming dato. | |
| S | chedule I: Your Ir | ncome | | | | IVIIVI / DD/ I | 111 | | 12/15 |
| spo atta | plying correct information. If use. If you are separated and ch a separate sheet to this for the Describe Employment. | your spouse is not filing w m. On the top of any additi | ith you, do not inclu | ıde infor | matic | on about your spo | ouse. If | more space is nee | eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or nor | n-filing spouse | |
| | If you have more than one job | , Employment status | ☐ Employed | | | ■ Emplo | oyed | | |
| | attach a separate page with information about additional | Employment status | ■ Not employed | | | ☐ Not e | ☐ Not employed | | |
| | employers. | Occupation | Truck Driver | | | Bus Dri | iver | | |
| | Include part-time, seasonal, o self-employed work. | r Employer's name | | | | Durhan | n Scho | ool Service | |
| | Occupation may include stude or homemaker, if it applies. | ent Employer's address | | | | | | Parkway L 60555 | |
| | | How long employed t | here? | | | 1 | year | | _ |
| Par | t 2: Give Details About | Monthly Income | | | | | | | |
| | mate monthly income as of thuse unless you are separated. | e date you file this form. If | you have nothing to r | eport for | any I | ine, write \$0 in the | space. | Include your non-fil | ing |
| | u or your non-filing spouse have e space, attach a separate shee | | ombine the information | n for all | emplo | oyers for that perso | on on th | e lines below. If you | need |
| | | | | | | For Debtor 1 | | Debtor 2 or filing spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | 0.00 | \$ | 1,098.89 | |
| 3. | Estimate and list monthly of | vertime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |

4. Calculate gross Income. Add line 2 + line 3.

0.00

1,098.89

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| | tor 1 tor 2 | Larry Scott Aitken Roseanne Marie Aitken | _ | | Cas | se number (<i>if kno</i> v | vn) | | | | | |
|-----|--------------------|---|-------|-----|-----|-----------------------------|-----|-------|-----------|---------------------|----------|-------|
| | | | | | Fo | For Debtor 1 | | | or Debtor | | | |
| | Cop | py line 4 here | 4. | | \$ | 0.0 | 00 | \$ | | ,098.89 | | |
| 5. | List | t all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5 | a. | \$ | 0.0 | 00 | \$ | | 250.12 | 2 | |
| | 5b. | Mandatory contributions for retirement plans | 51 | b. | \$ | 0.0 | _ | \$ | | 0.00 | _ | |
| | 5c. | Voluntary contributions for retirement plans | 5 | c. | \$ | 0.0 | 00 | \$ | | 0.00 |) | |
| | 5d. | Required repayments of retirement fund loans | 5 | d. | \$ | 0.0 | 00 | \$ | | 0.00 |) | |
| | 5e. | Insurance | 5 | e. | \$ | 0.0 | 00 | \$ | | 0.00 |) | |
| | 5f. | Domestic support obligations | 51 | f. | \$ | 0.0 | 00 | \$ | | 0.00 |) | |
| | 5g. | Union dues | 5 | g. | \$ | 0.0 | 00 | \$_ | | 0.00 |) | |
| | 5h. | Other deductions. Specify: | 51 | h.+ | \$ | 0.0 | 00 | + \$_ | | 0.00 |) | |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 0.0 | 00 | \$_ | | 250.12 | <u> </u> | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 0.0 | 00 | \$_ | | 848.77 | 7 | |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8: | a. | \$ | 0.0 | 10 | \$ | | 0.00 | 1 | |
| | 8b. | | | b. | \$ | 0.0 | | \$ | | 0.00 | _ | |
| | 8c. | | t | с. | \$ | 0.0 | | \$ | | 0.00 | _ | |
| | 8d. | | 80 | d. | \$ | 1,395.0 | | \$ | | 0.00 | _ | |
| | 8e. | Social Security | 8 | e. | \$ | 0.0 | | \$ | | 0.00 | | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 81 | | \$ | 0.0 | | \$_ | | 0.00 | | |
| | 8g. | Pension or retirement income | | g. | \$ | 0.0 | | \$_ | | 0.00 | _ | |
| | 8h. | Other monthly income. Specify: | 81 | h.+ | \$ | 0.0 |)U | + \$_ | | 0.00 | <u></u> | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | . [| \$_ | 1,395.0 | 00 | \$_ | | 0.0 | 0 | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 1,395.00 + | \$ | | 848.77 | = \$ | 22 | 43.77 |
| | | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ľ | | 1,000.00 | | | 0.0 | | _,_ | |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify: | r dep | | | ., | | • | Schedule | e <i>J</i> . +\$ | | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | | \$ | 2,2 | 43.77 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | 1? | | | | | | | Combi month | | ome |
| | | No. Yes. Explain: | | | | | | | | | | |

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| Fill | in this informa | tion to identify yo | our case: | | | | | | | | |
|-----------------------------|--|---------------------------------|-----------------------------|---|--|-------------------|--|-------------------------------|--|--|--|
| Debtor 1 Larry Scott Aitken | | | | | | Check if this is: | | | | | |
| | | | | | | | An amended filing | | | | |
| | tor 2 | Roseanne M | arie Aitk | en | | | A supplement show 13 expenses as of | ving postpetition chapter | | | |
| (Spc | buse, if filing) | | | | | | 13 expenses as or | the following date. | | | |
| Unite | ed States Bankı | ruptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | - | MM / DD / YYYY | | | | |
| 1 | e number | | | | | | | | | | |
| (If Kr | nown) | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | |
| Sc | chedule | J: Your l | Exner | 1999 | | | | 12/1 | | | |
| Be a | as complete ormation. If m | and accurate as | possible eded, atta | If two married people ar ch another sheet to this | | | | or supplying correct | | | |
| Part | | ribe Your House | hold | | | | | | | | |
| 1. | Is this a joir | | | | | | | | | | |
| | □ No. Go to | o line ∠. es Debtor 2 live i | in a conar | ata hausahald? | | | | | | | |
| | | | iii a sepai | ate nousenoiu: | | | | | | | |
| | ■ N □ Y | | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Deb | tor 2. | | | | |
| 2. | Do you hav | e dependents? | □ No | | | | | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | | | | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | | | |
| | Do not state | the | | | | | | □ No | | | |
| | | dents names. son | | son | | 3 | ■ Yes | | | | |
| | | | | | | | | □ No | | | |
| | | | | | | | | Yes | | | |
| | | | | | | | | □ No | | | |
| | | | | | | | | ☐ Yes ☐ No | | | |
| | | | | | | | | □ Yes | | | |
| 3. | Do your exp | oenses include | | No | | | | □ 163 | | | |
| | | f people other the | han $_{oldsymbol{\square}}$ | Yes | | | | | | | |
| | yourself an | d your depende | nts? — | 100 | | | | | | | |
| Part | | ate Your Ongoi | | | | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | | | | |
| Incl | lude expense | es paid for with r | non-cash | government assistance i | f you know | | | | | | |
| | value of suci ficial Form 10 | | d have inc | luded it on Schedule I: \ | our Income | | Your exp | enses | | | |
| (OII | ilciai Foriii 10 | ю., | | | | | Tour oxp | | | | |
| 4. | The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot. | | | | nclude first mortgage | e 4. \$ | | 923.00 | | | |
| | If not includ | ded in line 4: | | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | ; | 0.00 | | | |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 | | | |
| | • | maintenance, re | | | | 4c. \$ | | 0.00 | | | |
| _ | | owner's associat | | | | 4d. \$ | | 0.00 | | | |
| 5. | Additional i | mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 | | | |

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| | tor 1 tor 2 | | ott Aitken ne Marie Aitken | Case num | nber (if known) | |
|-----|--|--|---|---|--------------------------------|---|
| 6. | Utilit | ies: | | | | |
| | 6a. | Electricity, | , heat, natural gas | 6a. | \$ | 100.00 |
| | 6b. | Water, sev | wer, garbage collection | 6b. | \$ | 90.00 |
| | 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 400.00 |
| | 6d. | Other. Spe | ecify: | 6d. | \$ | 0.00 |
| 7. | | | ekeeping supplies | 7. | \$ | 500.00 |
| 8. | Child | dcare and c | children's education costs | 8. | \$ | 800.00 |
| 9. | Cloth | hing, laund | ry, and dry cleaning | 9. | \$ | 0.00 |
| 10. | Pers | onal care p | products and services | 10. | \$ | 0.00 |
| 11. | Medi | ical and de | ntal expenses | 11. | \$ | 30.00 |
| 12. | | | Include gas, maintenance, bus or train fare. ar payments. | 12. | \$ | 400.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | | | 13. | \$ | 0.00 |
| 14. | Char | itable cont | ributions and religious donations | 14. | \$ | 40.00 |
| 15. | | rance. ot include in | surance deducted from your pay or included in lines 4 or 20 | | - | |
| | | Life insura | , , , , | 15a. | \$ | 0.00 |
| | 15b. | Health ins | urance | 15b. | \$ | 212.00 |
| | 15c. | Vehicle in: | surance | 15c. | \$ | 80.37 |
| | 15d. | Other insu | rance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxe Spec | | clude taxes deducted from your pay or included in lines 4 or | · 20. | \$ | 0.00 |
| 17. | • | · | ease payments: | | · — | |
| | | | ents for Vehicle 1 | 17a. | \$ | 426.00 |
| | 17b. | Car payme | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. | Other. Spe | ecify: | 17c. | \$ | 0.00 |
| | 17d. | Other. Spe | ecify: | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not your pay on line 5, Schedule I, Your Income (Official For | | \$ | 0.00 |
| 19. | | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | ify: | | 19. | | |
| 20. | Othe | r real prop | erty expenses not included in lines 4 or 5 of this form or | on Schedule I: Yo | our Income. | |
| | 20a. | Mortgages | s on other property | 20a. | \$ | 0.00 |
| | 20b. | Real estat | e taxes | 20b. | \$ | 0.00 |
| | 20c. | Property, I | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. | Maintenar | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. | Homeown | er's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | r: Specify: | | 21. | +\$ | 0.00 |
| 22. | Calc | ulate your | monthly expenses | | | |
| | 22a. | Add lines 4 | through 21. | | \$ | 4,001.37 |
| | 22b. | Copy line 2 | 2 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | \$ | |
| | 22c. | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 4,001.37 |
| | | | , , , | | · — | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 23. | | - | monthly net income. | | • | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | · | 2,243.77 |
| | 23b. | 23b. Copy your monthly expenses from line 22c above. | | 23b. | -\$ | 4,001.37 |
| | 23c. | | our monthly expenses from your monthly income. is your <i>monthly net income</i> . | 23c. | \$ | -1,757.60 |
| 24. | For ex modifi | xample, do yo ication to the | an increase or decrease in your expenses within the year ou expect to finish paying for your car loan within the year or do you determs of your mortgage? | r after you file this expect your mortgage | s form? payment to increase | e or decrease because of a |
| | ■ No | | Family's have | | | |
| | ☐ Ye | es. | Explain here: | | | |

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| Fill in this infor | mation to identify your | case: | |
|---|--|--|---|
| Debtor 1 | Larry Scott Aitke | 1 | |
| | First Name | Middle Name Last Name | |
| Debtor 2 | Roseanne Marie | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | |
| Case number | | | |
| (if known) | | | ☐ Check if this is an amended filing |
| If two married po You must file thi obtaining money | eople are filing togethe | n connection with a bankruptcy case can r | |
| Sig | n Below | | |
| Did you pa | ay or agree to pay some | one who is NOT an attorney to help you fil | I out bankruptcy forms? |
| ■ No | | | |
| ☐ Yes. I | Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | alty of perjury, I declare te true and correct. | that I have read the summary and schedul | es filed with this declaration and |
| Y /o/ 1 or | ry Soott Aitkon | Y /a/ D. | oseanne Marie Aitken |
| | ry Scott Aitken Scott Aitken | | anne Marie Aitken |
| | re of Debtor 1 | | ture of Debtor 2 |
| - 3 | | 2.3 | |
| Date | April 18, 2016 | Date | April 18, 2016 |

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| Fill | in this inforr | nation to identify you | case: | | | | | | |
|---------------|---|--|---|---|---|---|--|--|--|
| Deb | otor 1 | Larry Scott Aitke | en | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | |
| | otor 2 use if, filing) | Roseanne Marie | Aitken Middle Name | Last Name | | | | | |
| ` ' | | | | | | | | | |
| Unii | ied States Ba | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | | |
| Cas (if kn | se number | | | | | heck if this is an mended filing | | | |
| Sta Be a | s complete a | of Financial | | re filing together, both are | ankruptcy equally responsible for sup | | | | |
| num | ber (if know | n). Answer every ques | stion. | | , | | | | |
| Par 1. | | Details About Your Ma r current marital statu | rital Status and Where You | Lived Before | | | | | |
| •• | wiiat is you | i current maritar statu | is: | | | | | | |
| | ■ Married□ Not man | | | | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | | | | |
| | ■ No □ Yes. Lis | NoYes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there | | | |
| | | | | | ity property state or territory ico, Texas, Washington and W | | | | |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (Ot | ificial Form 106H). | | | | | |
| Par | t 2 Explai | in the Sources of You | r Income | | | | | | |
| 4. | Fill in the tota | al amount of income yo | nployment or from operating u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? | | | |
| | □ No | | | | | | | | |
| | Yes. Fil | I in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | | r year before that: ecember 31, 2014) | ■ Wages, commissions, bonuses, tips | \$19,100.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

Official Form 107

Case 16-80945 Doc 1 Filed 04/18/16 Entered 04/18/16 11:27:52 Desc Main Debtor 1 Larry Scott Aitken

| Del | otor 2 R | oséanne M | larie Aitken | | Cas | se number (if known) | | |
|---|---|---|--|--|---|---|--|---|
| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | | | |
| | List each | source and | the gross income from | each source separately | y. Do not include income | that you listed in line | e 4. | |
| | ■ No | | | | | | | |
| | _ | . Fill in the de | etails. | | | | | |
| | | | Debtor | 1 | | Debtor 2 | | |
| | | | | s of income e below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Par | t 3: Lis | st Certain Pa | yments You Made Be | efore You Filed for Ba | nkruptcy | | | |
| 6. | □ No. | Neither Dindividual During the No. Yes * Subject During the During the No. Yes | ebtor 1 nor Debtor 2 h primarily for a personal 90 days before you file Go to line 7. List below each cred paid that creditor. Do not include payments to adjustment on 4/01/ or Debtor 2 or both ha 90 days before you file Go to line 7. List below each cred include payments for attorney for this bank | , family, or household ped for bankruptcy, did y itor to whom you paid a pot include payments to an attorney for this 19 and every 3 years a lave primarily consumed for bankruptcy, did y itor to whom you paid a comestic support obligaruptcy case. | er debts. Consumer debourpose." You pay any creditor a total a total of \$6,425* or more for domestic support oblibankruptcy case. Ifter that for cases filed or er debts. You pay any creditor a total a total of \$600 or more an gations, such as child support of the pay and total of \$600 or more and gations, such as child support of the pay and total of \$600 or more and gations, such as child support of the pay and total of \$600 or more and gations, such as child support or total of \$600 or more and gations, such as child support of the pay and total of \$600 or more and gations, such as child support of the pay and total of \$600 or more and gations, such as child support of the pay and total of \$600 or more and gations. | al of \$6,425* or mor in one or more pay, gations, such as chi n or after the date of al of \$600 or more? ad the total amount y | e? ments and the ild support and fadjustment. you paid that calso, do not income. | total amount you d alimony. Also, do |
| | Credito | r's Name an | d Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
| Within 1 year before you filed for bankruptcy, did you make a payme Insiders include your relatives; any general partners; relatives of any ger of which you are an officer, director, person in control, or owner of 20% of a business you operate as a sole proprietor. 11 U.S.C. § 101. Include paralimony. No Yes. List all payments to an insider. | | y general partners; partne 20% or more of their votin | erships of which you g securities; and an | u are a genera ly managing a | I partner; corporations gent, including one for | | | |
| | Insider' | s Name and | Address | Dates of payment | Total amount | Amount you | Reason for | this payment |
| 8. | insider? Include p | ayments on | you filed for bankrup debts guaranteed or co | | paid y payments or transfer a | still owe | count of a de | ebt that benefited an |
| | | s Name and | | Dates of payment | Total amount | Amount you | Reason for | this payment |
| | | | | | paid | still owe | Include credi | tor's name |
| | | | | | | | | |

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| Del | btor 2 Roseanne Marie Aitken | | Case number | (if known) | | |
|-----|---|--|---|--------------------------|-------------------------|--|
| Pai | rt 4: Identify Legal Actions, Repossessio | ons, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes. | tcy, were you a party in an | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of th | ne case | |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details below | | erty repossessed, foreclosed | l, garnished, attached | d, seized, or levied? | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | Value of the property | |
| | | Explain what happened | d | | p. span 3 | |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed ■ No □ Yes. Fill in the details. | | luding a bank or financial in: | stitution, set off any a | amounts from your | |
| | Creditor Name and Address | Describe the action the | creditor took | Date action was taken | Amount | |
| | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a ■ No □ Yes | another official? | erty in the possession of an | assignee for the bene | ent of Creditors, a | |
| | rt 5: List Certain Gifts and Contributions | | a with a total value of mone t | h | • | |
| 13. | Within 2 years before you filed for bankru ■ No Yes. Fill in the details for each gift. | ptcy, did you give any girt | s with a total value of more t | nan \$600 per person | <i>?</i> | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | Value | |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | Within 2 years before you filed for bankru | ptcy, did you give any gift | s or contributions with a tota | al value of more than | \$600 to any charity? | |
| | Yes. Fill in the details for each gift or con | | , contributed | Dates vev | Value | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | i contributed | Dates you contributed | Value | |
| Pa | rt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | tcy or since you filed for b | ankruptcy, did you lose any | thing because of the | t, fire, other disaster | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and | Describe any insurance co | verage for the loss | Date of your | Value of property | |
| | | nclude the amount that insu nsurance claims on line 33 of | rance has paid. List pending of Schedule A/B: Property. | loss | lost | |

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Debtor 1 Larry Scott Aitken
Debtor 2 Roseanne Marie Aitken

Case number (if known)

| Pai | t 7: List Certain Payments or Transfers | | | | | |
|--|--|---|---------------------------|-----------------------|--|---|
| 16. | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared. | aring a bankruptcy pet | ition? | | | rty to anyone you |
| | ■ No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and v transferred | alue of any prop | erty | Date payment or transfer was made | Amount o paymen |
| 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | r transfer any propei | rty to anyone who | |
| | ■ No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and v transferred | alue of any prop | erty | Date payment or transfer was made | Amount o paymen |
| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise t transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of include gifts and transfers that you have already listed on this statement. No | | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description and v property transferr | | | ny property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which yo beneficiary? (These are often called asset-protection devices.) No | | | | of which you are a | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the prope | erty transferre | ed | Date Transfer was made |
| Pa | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and Sto | rage Units | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ ■ No □ Yes. Fill in the details. | other financial accour | nts; certificates o | of deposit; sh | | |
| | | Last 4 digits of account number | Type of accour instrument | clo: mo | e account was sed, sold, ved, or nsferred | Last balance before closing o transfe |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, any | safe deposit | box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St | | Describe the o | contents | Do you still have it? |

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Debtor 1 Larry Scott Aitken
Debtor 2 Roseanne Marie Aitken

Case number (if known)

| 22 | Have you stared property in a starter with a starter | noo othor then your bows with he | 1 | hoforo you filed for handmarked | 2 |
|-----|---|---|---------|--------------------------------------|-----------------------|
| 22. | Have you stored property in a storage unit or pla | ace other than your nome within ' | ı year | before you filed for bankruptcy | <i>(</i> |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Des | cribe the contents | Do you still have it? |
| Par | 9: Identify Property You Hold or Control for S | Someone Else | | | |
| 23. | Do you hold or control any property that someofor someone. | ne else owns? Include any prope | rty yo | u borrowed from, are storing for | , or hold in trust |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Des | cribe the property | Value |
| Par | 10: Give Details About Environmental Informa | ition | | | |
| For | he purpose of Part 10, the following definitions | apply: | | | |
| - | Environmental law means any federal, state, or l toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub | r, land, soil, surface water, groun stances, wastes, or material. | dwate | er, or other medium, including st | atutes or |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal s | • | law, v | whether you now own, operate, o | or utilize it or used |
| | Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s | | s was | te, hazardous substance, toxic s | substance, |
| Rep | ort all notices, releases, and proceedings that yo | u know about, regardless of whe | n they | occurred. | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | e unde | er or in violation of an environme | ental law? |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | · | | | |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of site | Governmental unit | | Environmental law, if you | Date of notice |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State an ZIP Code) | | know it | Date of Hotice |
| 26. | Have you been a party in any judicial or adminis | trative proceeding under any env | ironm | ental law? Include settlements a | and orders. |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | ure of the case | Status of the case |
| Par | 11: Give Details About Your Business or Conr | nections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | lid you own a business or have a | ny of t | the following connections to any | / business? |
| | ☐ A sole proprietor or self-employed in a ti | rade, profession, or other activity | , eithe | er full-time or part-time | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | ոip (LL | _P) | |
| | ·- · · · · · · · · · · · · · · · · · · | | | | |

Entered 04/18/16 11:27:52 Case 16-80945 Doc 1 Filed 04/18/16 Page 44 of 56 Document **Larry Scott Aitken** Debtor 1 Debtor 2 Roseanne Marie Aitken Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed **BLA Trucking Trucking** 5113 N. Westwood Drive From-To 2012 - 2014 **Debtor** McHenry, IL 60051 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Date Issued Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Roseanne Marie Aitken /s/ Larry Scott Aitken **Larry Scott Aitken Roseanne Marie Aitken** Signature of Debtor 1 Signature of Debtor 2 Date April 18, 2016 Date April 18, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor | mation to identify your case: | | |
|-----------------------------|---|---|---|
| Debtor 1 | Larry Scott Aitken | | |
| | First Name Middle Name | Last Name | |
| Debtor 2 | Roseanne Marie Aitken First Name Middle Name | Last Name | |
| (Spouse if, filing) | First Name Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: NORTHERN DI | STRICT OF ILLINOIS | |
| Case number | | | |
| (if known) | | | ☐ Check if this is an |
| | | | amended filing |
| | | | |
| Official Fo | orm 108 | | |
| | | viduala Eilina Undar Chantar | . 7 |
| Stateme | nt of intention for mai | viduals Filing Under Chapter | 12/15 |
| | | FII | |
| _ | lividual filing under chapter 7, you must | fill out this form if: | |
| creditors have | e claims secured by your property, or | | |
| | sed personal property and the lease has | | |
| | | er you file your bankruptcy petition or by the date set f | |
| on the | | he time for cause. You must also send copies to the c | creditors and lessors you list |
| sign a | nd date the form. | ooth are equally responsible for supplying correct info | |
| | and accurate as possible. If more space our name and case number (if known). | is needed, attach a separate sheet to this form. On the | e top of any additional pages, |
| | , | | |
| Part 1: List Y | our Creditors Who Have Secured Claims | 3 | |
| For any credi information b | | D: Creditors Who Have Claims Secured by Property (| Official Form 106D), fill in the |
| | reditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | |
| Creditor's | ALLY | Common don the property | □ Na |
| name: | ALLT | ☐ Surrender the property. | □ No |
| name. | | Retain the property and redeem it. | Yes |
| Description of | f 2008 GMC Envoy | Retain the property and enter into a | ■ res |
| property | | Reaffirmation Agreement. | |
| securing debt | | ☐ Retain the property and [explain]: | |
| occurring dobt | | | |
| | | _ | _ |
| | Fifth Third Bank | Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | |

property

Official Form 108

Description of

Description of

securing debt:

property

name:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

County

Creditor's Fifth Third Bank

5113 N. Westwood Drive

McHenry, IL 60051 McHenry

Yes

☐ No

Yes

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| ebtor 1 Larry Scott Aitken ebtor 2 Roseanne Marie Aitken | | Case number (if known) | |
|--|---------------|--|----------------------------------|
| securing debt: | | | _ |
| art 2: List Your Unexpired Personal Property Leases | | | |
| r any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Unex u may assume an unexpired personal property lease if th | pired leases | are leases that are still in effect; the | e lease period has not yet ended |
| escribe your unexpired personal property leases | | | Will the lease be assumed? |
| essor's name: | | | □ No |
| escription of leased | | | _ |
| operty: | | | ☐ Yes |
| ssor's name: | | | □ No |
| escription of leased roperty: | | | □ v |
| opolity. | | | ☐ Yes |
| essor's name: | | | □ No |
| escription of leased operty: | | | ☐ Yes |
| 550.9. | | | □ res |
| essor's name: | | | □ No |
| escription of leased roperty: | | | ☐ Yes |
| opolity. | | | ⊔ Yes |
| ssor's name: | | | □ No |
| escription of leased operty: | | | ☐ Yes |
| 550.9. | | | ⊔ Yes |
| ssor's name: | | | □ No |
| escription of leased operty: | | | □ v |
| oporty. | | | ☐ Yes |
| ssor's name: | | | □ No |
| escription of leased operty: | | | |
| operty. | | | ☐ Yes |
| rt 3: Sign Below | | | |
| der penalty of perjury, I declare that I have indicated my i | ntention abou | t any property of my estate that se | cures a debt and any personal |
| /s/ Larry Scott Aitken | X | /s/ Roseanne Marie Aitken | |
| Larry Scott Aitken | | Roseanne Marie Aitken | |
| Signature of Debtor 1 | | Signature of Debtor 2 | |

Date

Date

April 18, 2016

April 18, 2016

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-80945 Doc 1 Filed 04/18/16 Entered 04/18/16 11:27:52 Desc Main Document Page 51 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In | Larry Scott Aitken Roseanne Marie Aitken | | Case No. | | | | |
|------|---|---|---|-----------------------------|-------------|--|--|
| | | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COMPENSA | ATION OF ATTOR | RNEY FOR D | EBTOR(S) | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | |
| | For legal services, I have agreed to accept | | \$ | 1,700.00 | | | |
| | Prior to the filing of this statement I have received | | \$ | 0.00 | | | |
| | Balance Due | | \$ | 1,700.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensat | ion with any other person | unless they are mem | bers and associates of my | y law firm. | | |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of | of the people sharing in the | compensation is atta | ached. | firm. A | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| | a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statemen c. Representation of the debtor at the meeting of creditors and d. [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications and | rings thereof; | g of | | | | |
| | 522(f)(2)(A) for avoidance of liens on househ | | and ming of mot | ions pursuant to 11 o | 30 | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any discharged any other adversary proceeding. | s not include the following rgeability actions, judi | service: cial lien avoidand | es, relief from stay ac | ctions or | | |
| | CI | ERTIFICATION | | | | | |
| this | I certify that the foregoing is a complete statement of any agree bankruptcy proceeding. | eement or arrangement for | payment to me for i | representation of the debte | or(s) in | | |
| _ | April 18, 2016 Date | Isl Scott A. Bentley Scott A. Bentley Signature of Attorne Law Office of Sco 5435 Bull Valley F McHenry, IL 6005 815-385-0669 Fa scottbentleylaw © Name of law firm | y ott A. Bentley Road Suite 318 0 x: 815-578-1068 | | - | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Larry Scott Aitken Roseanne Marie Aitken | | Case No. | | |
|-------|---|---|-----------------------------|----------------|--|
| | | Debtor(s) | Chapter 7 | | |
| | VEI | RIFICATION OF CREDITOR M | IATRIX | | |
| | | Number of Creditors: | | 40 | |
| | The above-named Debtor(s) land (our) knowledge. | hereby verifies that the list of credi | tors is true and correct to | the best of my | |
| Date: | April 18, 2016 | /s/ Larry Scott Aitken Larry Scott Aitken | | | |
| | | Signature of Debtor | | | |
| Date: | April 18, 2016 | /s/ Roseanne Marie Aitken | | | |
| | | Roseanne Marie Aitken | Roseanne Marie Aitken | | |
| | | Signature of Debtor | | | |

AAMS
4800 Mills Civic Pkwy #202
West Des Moines, IA 50265

ALLY P.O. Box 380901 Minneapolis, MN 55438

American Family Insurance 600 American Pkwy. Madison, WI 53783

American Family Insurance 600 American Pkwy. Madison, WI 53783

AT&T Uverse P.O. Box 64378 Saint Paul, MN 55164

Blue Cross/Blue Shield 300 East Randolph Chicago, IL 60601

Blue Cross/Blue Shield 300 East Randolph Chicago, IL 60601

Capital One Bank
P.O. Box 30281
Salt Lake City, UT 84130-0281

Centegra Health System P.O. Box 1990 Woodstock, IL 60098

Centegra Hospital - McHenry P.O. Box 7701 Carol Stream, IL 60197-7701

Centegra Primary Care-Woodstock P.O. Box 7702 Carol Stream, IL 60197-7702

Credence 6045 Atlantic Boulevard Ste 210 Norcross, GA 30071

Credence Resource Management LLC P.O. Box 2238 Southgate, MI 48195-4238

Credit Collection Services 2 Wells Avenue Newton Center, MA 02459

Credit Collection Services 2 Wells Avenue Newton Center, MA 02459

Dependon Collection Service, Inc. P.O. Box 4833 Oak Brook, IL 60522-4833

ERC P.O. Box 23870 Jacksonville, FL 32241-3870

Exxon Mobil P.O. Box 6497 Sioux Falls, SD 57117-5497

Fifth Third Bank P.O. Box 630412 Cincinnati, OH 45263

Fifth Third Bank
P.O. Box 740778
Cincinnati, OH 45274-0778

Fifth Third Bank
P.O. Box 740778
Cincinnati, OH 45274-0778

Harris & Harris 111 W. Jackson Boulevard Suite #400 Chicago, IL 60604 Humana P.O. Box 740518 Atlanta, GA 30374-0518

IC System
444 Highway 96 E.
P.O. Box 64378
Saint Paul, MN 55164-0378

IC System
444 Highway 96 E.
P.O. Box 64378
Saint Paul, MN 55164-0378

Lake McHenry Pathology Assoc. 520 E. 22nd Street Lombard, IL 60148

Medical Recovery Specialists 2250 E. Devon Avenue Ste 352 Des Plaines, IL 60018

OAC P.O. Box 371100 Milwaukee, WI 53237

Portfolio Recovery 120 Corporate Blvd. Suite 1 Norfolk, VA 23502

Portfolio Recovery P.O. Box 12903 Norfolk, VA 23541

Portfolio Recovery 120 Corporate Boulevard Norfolk, VA 23502

Portfolio Recovery 120 Corporate Boulevard Norfolk, VA 23502

Portfolio Recovery 120 Corporate Boulevard Norfolk, VA 23502 Portfolio Recovery 120 Corporate Boulevard Norfolk, VA 23502

RAB Inc. P.O. Box 1022 Wixom, MI 48393-1022

Sallie Mae P.O. Box 9500 Wilkes Barre, PA 18773

Sentry Credit, Inc. P.O. Box 12070 Everett, WA 98206-2070

Wellington Radiology 836 W. Wellington Avenue Chicago, IL 60657

Wells Fargo 733 Marquette Ave. Ste 700 Winterville, NC 28590-8872

Wilmont Medical Associates 3920 N. Johnsburg Road Johnsburg, IL 60051